MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-049656
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

4000
2 22
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4 2
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41

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3860

FILED JAN 29 1963

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1926 Chouteau
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Charles Middle Last Rice

4. DATE OF DEATH Month 12 Day 31 Year 1962

5. SEX M

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 2/6/05

9. AGE (last birthday) 57
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and state or country) Miss. ?

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Tom Rice

13b. MOTHER'S MAIDEN NAME Mary Gilespn

14. NAME OF HUSBAND OR WIFE Cleo – deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic No

16. SOCIAL SECURITY NO.

17. INFORMANT Depaul Address Society of St. Vincent 4140 Lindell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage (suspected)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) cerebral arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

· MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/19/1962, to 12/31/1962 and last saw her/him alive on 12/30/1962
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard Friedman M.D

22b. ADDRESS Koch Hosp. Koch Mo.

22c. DATE SIGNED 12-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 1-8-63

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St Louis, Mo

24. FUNERAL DIRECTOR ADDRESS C.W. Roberts Und Co 1146 N. Taylor

25. DATE RECD. BY LOCAL REG. 1-8-63

26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by No Embalming, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signed Ann Roberts
Signature of Student Embalmer

Licensed Embalmer No. 4429

P. O. Address 1416 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.